

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10102-63-041366

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILE OCT 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Saint Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. John's Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
5721 Enright Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

EMILIE

HENRIETTA

DERGE

4. DATE OF DEATH

Month

Day

Year

October

10,

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 31, 1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

8

9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Wisconsin

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ernest Derge

13b. MOTHER'S MAIDEN NAME

Louise Genzmer

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address Apt. 1201
Russell F. Meier, 50 Plaza Square

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 week

DUE TO (b)

Arteriosclerotic Heart Disease

2 years

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 1960 to Oct. 10, 1963 and last saw him alive on October 10, 1963
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Martin W. Davis

M.D.

22b. ADDRESS

539 N. Grand

22c. DATE SIGNED

Oct. 11, '63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

Oct. 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Chapel of Memories

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

Ambruster Mortuary, 6633 Clayton Rd.

ADDRESS

25. DATE RECD. BY LOCAL REG.

OCT 11 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

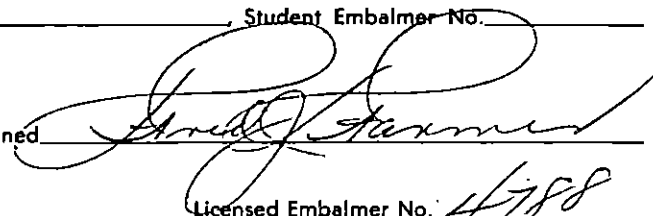
Dr. M. Davis
Room 408
539 N. Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4788

P. O. Address

M. Davis, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.